

FORM LM-30

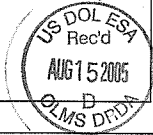
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6966	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Frank D Schembre P.O. Box, Bldg., Room No., if any Street 5004 Bancroft City St. Louis State Missouri ZIP Code + 4 63109	4. Name, file number, and address of labor organization. Name Cement Masons Union Local #527 Labor Organization File Number 011-759 P.O. Box, Building and Room Number, if any Street 3341 Hollenberg Drive City Bridgeton State Missouri ZIP Code + 4 63044
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N / A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N / A 7.b. Amount. \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 8/10/05 Date	314-739-1129 Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name N / A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name N / A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>N / A</p> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>N / A</p> <p>12.b. Amount. \$0</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name The Commerce Trust Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8000 Forsyth Boulevard</p> <p>City St. Louis</p> <p>State Missouri ZIP Code + 4 63105</p>	<p>14.a. Nature of payment.</p> <p>3/6/2004</p> <p>4 Family Arena Hockey Game Tickets</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$40</p>

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 80%;" type="text" value="Group Health Plan"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="Suite 400"/> Street <input style="width: 80%;" type="text" value="111 Corporate Office Drive"/> City <input style="width: 80%;" type="text" value="Earth City"/> State <input style="width: 20%;" type="text" value="Missouri"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="63045"/>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> 4/5/2004 1 Party Room St.Louis Cardinal Baseball Ticket and Food </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$151

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 80%;" type="text" value="The Commerce Trust Company"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="8000 Forsyth Boulevard"/> City <input style="width: 80%;" type="text" value="St.Louis"/> State <input style="width: 20%;" type="text" value="Missouri"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="63105"/>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> 4/28/2004 2 Club Room St.Louis Cardinal Baseball Tickets, Food and Plaque </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$217

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 80%;" type="text" value="SEI Investments"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="One Freedom Valley Drive"/> City <input style="width: 80%;" type="text" value="Oaks"/> State <input style="width: 20%;" type="text" value="Pennsylvania"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="19456"/>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> 4/28/2004 Golf - Greens Fees, Food and Apparel </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$175

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Group Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 400

Street 111 Corporate Valley Drive

City Earth City

State Missouri ZIP Code + 4 63045

14.a. Nature of payment.

5/20/2004

Golf - Greens Fees and Food

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$85

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name The Commerce Trust Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8000 Forsyth Boulevard

City St. Louis

State Missouri ZIP Code + 4 63105

14.a. Nature of payment.

6/5/2004

Golf - 2 Greens Fees

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$160

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.